## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # L58926** 1. Entity Name HUNTER'S RIDGE UTILITY CO. OF LEE COUNTY 04-26-2001 90112 015 \*\*\*150.00 Principal Place of Business Mailing Address 12500 HUNTERS RIDGE DR. 12500 HUNTERS RIDGE DR 12500 HUNTERS RIDGE DRIVE BONITA SPRINGS FL 33923-3401 **BONITA SPRINGS FL 34135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-6353008 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUPRICH, DONALD G. Street Address (P.O. Box Number is Not Acceptable) 12500 HUNTERS RIDGE DR. **BONITA SPRINGS FL 33923** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if app; cable. (NOTE: Registered Agent signature required when roinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Wake Check Payable to Dapartment of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DΡ TITLE ☐ Delete TITL F Change Addition NAME STREET, H A NAME STREET ADDRESS 339 WEST MAIN ST STREET ADDRESS CITY-S1-ZIP GRUNDY VA 24614 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME **HUPRICH DONALD** NAME STREET ADDRESS 142 FORESTWOOD DR. STREET ADDRESS City-ST-ZIP CiTY-ST-ZIP NAPLES FL TITLE ☐ Delete THLE ☐ Change ☐ Addition NAME FOWLER, GAYNELL NAME STREET ADDRESS RT 2 BOX 263 STREET ADDRESS CITY-ST-ZIP MOORE HAVEN FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Acdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S!-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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